

Fill in this information to identify the case:

Debtor 1 Elizabeth Ann Cook
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Oklahoma
 (State)

Case number: 13/11560

FILED

FEB 22 2022

DOUGLAS E. WEDGE
 CLERK, U.S. BANKRUPTCY COURT
 WESTERN DISTRICT OF OKLAHOMA
 BY: [Signature] DEPUTY

Form 1340 (12/19)**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	<u>11,917.31</u>
Claimant's Name:	<u>Elizabeth Cook</u>
Claimant's Current Mailing Address, Telephone Number, and Email Address:	<u>1300 Hollyhead Terr</u> <u>Yukon OK 73099</u> <u>405-339-2271</u> <u>Lizcook@icloud.com</u>

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☐ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Western District of Oklahoma
210 West Park Avenue, Suite 400
Oklahoma City, OK 73102

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 1-26-2022

Elizabeth Cook
Signature of Applicant

Elizabeth Cook
Printed Name of Applicant

Address: 1300 Hollyhead Terr.
Yukon OK 73099

Telephone: 405-339-2271

Email: Lizcook@icloud.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF Oklahoma

COUNTY OF Oklahoma

This Application for Unclaimed Funds, dated 1/25/2022 was subscribed and sworn to before me this 26 day of January, 2022 by

Elizabeth Cook-Langford
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public J Kulhanek

J KULHANEK
Notary Public, State of Oklahoma
Commission # 19002905
My Commission Expires 03-20-2023
3-20-2023

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

My commission expires: _____



JAX
ENTERPRISES

135 Bounds St Jackson, MS 39206
Phone: 800-318-8815
Email: info@jaxenterprises.com

Date: 1/25/2022

Re: Recovery of Unclaimed Funds

Hi:

Jax Enterprises, LLC is pleased to accept the opportunity to assist you with the recovery of unclaimed funds that potentially belong to you, Elizabeth Cook. This engagement letter (the "Agreement") outlines the scope and terms of our services and your responsibilities.

1. **Services.** The Company agrees to provide the following services in connection with the Claim:
 - 1.1 Identification of Claim. We will perform the necessary research to identify the source and amount of your Claim.
 - 1.2 Recovery and Expenses. Company shall be responsible for "all" expenses and dedicate the labor required to recover your Claim on your behalf, including paying all legal expenses **whether or not the claim is recovered.**
2. **Your Responsibilities.** In connection with the recovery of the Claim, you agree to the following:
 - 2.1 Authorization. You authorize the Company to act as your exclusive agent for the recovery of the Claim.
 - 2.2 Paperwork. You agree to sign and return all documents required for recovery of the Claim to the Company promptly.
 - 2.3 Cooperation. You agree to cooperate with the local attorney assigned to your case and to fill out and return any prepared paperwork. Both parties agree to cooperate fully with all reasonable requests from the other in performance of this Agreement.
3. **Costs and Fees.**
 - 3.1 Costs. Company shall be responsible for "ALL" costs associated with the recovery of the Claim whether recovered or not.
 - 3.2 Success Fee. Upon successful recovery of your Claim, you agree that we shall retain 30% of the Claim as our fee. This shall apply whether we receive the check or if you receive the check. The party receiving the check shall send the other party their portion of the Claim within five (5) business days of receiving the Claim check and the funds clearing their bank. If either party fails to pay the other party as agreed, the party responsible for paying shall be liable for treble damages.

Initials EC

- 3.3 Local Attorney. If we are required to engage a local attorney, the attorney will be responsible for recovering your Claim and distributing your portion to you.

If the terms of this letter are acceptable to you, please acknowledge by signing below and returning to our attention at the address above.

Very Truly Yours,

Jalissa Jackson Jax Enterprises, LLC
Name

Agreed to and Accepted By:

Elizabeth Cook
Name



Initials EC

MISSISSIPPI DRIVER LICENSE

4a LIC NO **801616146** 4b EXP **02/20/2026**
3 DOB **02/20/1991**

1 JACKSON
2 JALESSA PATRICE
3 3591 HWY 24
GLOSTER, MS 396350000
4a ISS **03/06/2021**
9 CLASS **R** 9a END **NONE** 12 REAL **NON**
15 SEX **F** 16 HGT **5'-08"**
18 EYES **BRO**
5 DO **91C926881JJ21064F25298**

Jalessa



Form U-2a (20200214)

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA

In re:)	Case Number: 13-11560
)	
)	
Elizabeth Cook)	Chapter: 7
)	
Debtor(s))	

ORDER GRANTING APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

On January 26, 2022, an application was filed for the Claimant(s),
Elizabeth Cook, for payment of unclaimed funds deposited with
the court, pursuant to 11 U.S.C. § 347(a). The application and supporting documentation
establish that the Claimant(s) is/are entitled to the unclaimed funds; accordingly, it is hereby

ORDERED that, pursuant to 28 U.S.C. § 2042, the sum of \$ 11,917.31 held in
unclaimed funds be made payable to Elizabeth Cook C/O Jax Enterprises, LLC
and be disbursed to the payee at the following address:
P.O. Box 751 Centreville, MS 39631.

Enter:

Dated:

United States Bankruptcy Judge

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA**

IN RE:

COOK, ELIZABETH ANN

Debtors.

Case No. 13-11560-SAH
(Chapter 7)

TRUSTEE'S REPORT OF UNCLAIMED FUNDS

COMES NOW Douglas N. Gould, Trustee, of the above captioned bankruptcy matter, pursuant to Rule 3011 Fed.R.Bankr.P and reports to the Court Clerk the following are unclaimed distribution that exceed 90 days and should be treated as unclaimed fund.

<u>Claimant</u>	<u>Amount</u>
Elizabeth Ann Cook 7206 Sear Terr Oklahoma City, OK 73149	\$11,917.31

Check made payable to the United States Bankruptcy Court are attached hereto for deposit into unclaimed funds.

Date: December 16, 2021

/s/ Douglas N. Gould
Douglas N. Gould (OBA #)
5500 N. Western Ave., Ste. 150
Oklahoma City, OK 73118
(405) 286-3338
Fax: (405) 848-0492
dg@dgouldlaw.net

LIMITED (SPECIAL) POWER OF ATTORNEY

I, Elizabeth Cook, the "Principal", hereby appoint
Jaleesa Jackson of Jax Enterprises, LLC, as my
Attorney-in-Fact ("Agent") for the purposes expressed herein.

I hereby revoke any and all powers of attorney that previously have been signed by me only to the extent that any such power of attorney covers the same subject matter of this Limited Power of Attorney.

My Agent shall have full power and authority to act on my behalf but only to the extent permitted by this Limited Power of Attorney. My Agent's powers shall include the power to:

- Retrieve excess funds from bankruptcy case
- _____
- _____
- _____
- _____
- _____
- _____

This Limited Power of Attorney starts to be effective on the 26th day of
January, 2022

I grant my Agent full authority to act in any reasonable and necessary manner for the purpose of exercising the above powers. I ratify all lawfully performed acts by my Agent in exercising those powers.

This Limited Power of Attorney is governed by the laws set forth under the State of
Oklahoma City

This Limited Power of Attorney is effective upon execution. This Limited Power of Attorney may be revoked at any time by me, and shall automatically be revoked upon my death, provided any person relying on this Limited Power of Attorney shall have full rights to accept and reply upon authority of my Agent until in receipt of actual notice of revocation.

PRINCIPAL SIGNATURE AND ACKNOWLEDGMENT

Signed this 26th day of January, 2022

Principal Signature Elizabeth Cook - Langford

Printed Name Elizabeth Cook

AGENT SIGNATURE AND ACKNOWLEDGMENT

I, Jaleesa Jackson, the Attorney-in-Fact ("Agent") named above, hereby accept my appointment as Agent in accordance with this Limited Power of Attorney.

Signed this _____ day of _____, 20____.

Agent's signature Jaleesa Jackson

Printed Name _____

STATEMENT OF WITNESS

On the date written above, the Principal declared to me in my presence that this instrument is his Limited Power of Attorney and that he or she had willingly signed or directed another to sign for him or her, and that he or she executed it as his or her free and voluntary act for the purposes therein expressed.

Witness 1 Signature: Destini Washington

Printed Name: Destini Washington

Address: 4224 NW 21st St OKC OK 73107

Witness 2 Signature: J. Kulhanek

Printed Name: J. Kulhanek

Address: 1000 SW 100th Circle OKC, OK 73139

NOTARY ACKNOWLEDGMENT

State Oklahoma

County Oklahoma

On this 26th day of January, 2022, before me appeared Elizabeth Cook-Langford, as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that he executed the same as his free act and deed.

J K L K
Notary Public

My commission expires: 3-20-2023

